

www.mass.gov/abcc

LICENSE NUMBER: 049200005		CITY OR TOWN	HANOVER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JOSSELYN-CUMN	MINGS POST #149 A	AMERICAN LEGIO	ON
DOING BUSINESS A			
ADDRESS 104 KING ST.			
CITY/TOWN: HANOVER	STATE: MA	ZIP CODE:	02339
MANAGER: REID, MARY A. TYP	PE OF LICENSE: Vet	erans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
1 STORY BLDG. W/BASEMENT.EXIT & 2 ROOMS ON FIRST FLOOR.MTG. FROOMS IN BASEMENT, 1 LOCKED FO	HALL, 2 CLOAKRO		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the	same premises now	licensed;
2. the licensee has complied with		_	taxes; and
3. the premises are now open for	business (If not expla	in below)	
SIGNED BY	A .1 : 1.0	. O.C.	
Individual, Partner	or Authorized Corpo	rate Officer	
D. 1777			
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
		(1401e. <u>1401</u> IIId	ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departi	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 049200013		CITY	OR TOWN	HANOVER	8
APPLICATION FOI	R RENEWAL:	Annua	l	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS			RANT			
ADDRESS 811 WA	SHINGTON ST.					
CITY/TOWN: HAT	NOVER	STATE:	MA ZI	P CODE:	02339	
MANAGER: CHA	N, DAVID W. TYI	PE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL ADD	RESS		-
DESCRIPTION OF TWO FLOORS CON ROOM FOR STORA	NSISTING OF FOYI	ER,DINING RC		ΓAIL LOUN	GE, KITCHE	EN,
2. the licens	swear under penalties red license will be of ee has complied with ses are now open for	the same type for	or the same p Commonwea	alth relating to		
SIGNED BY	Individual, Partner	or Authorized	Corporate Of	ficer		
DATE:	TELEPHON	E NUMBER:	(ION NUMBER:
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and the	head of the	fire departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOC By:	CAL LICENS	ING AUTHO	ORITY
DATE:						



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LICENSE NUMBE	CR: 049200015		CITY OR TOWN	HANOVER
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
	: THE SQUIRES OF A THE SQUIRES	F HANOVER, INC.		
ADDRESS 1202 W	ASHINGTON ST.			
CITY/TOWN: HA	NOVER	STATE: MA	ZIP CODE:	02339
MANAGER: SQU	UIRES, PAUL F. TY	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
	OG. DINING ROOM 'M, BASEMENT FOR		ITCHEN ON STREE	T FLOOR;
I hereby certify and	swear under penalties	s of perjury that:		
1. the renev	wed license will be of	the same type for th	e same premises now l	licensed;
2. the licen	see has complied with	all laws of the Com	monwealth relating to	taxes; and
3. the prem	nises are now open for	business (If not exp	lain below)	
SIGNED BY	Individual, Partner	r or Authorized Corp	oorate Officer	
DATE:	TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, signe	ed by the building in	spector and the hea	nd of the fire departn	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENSI	ING AUTHORITY
APPROVED:	<u> </u>		By:	
DISAPPROVED: (If disapproved exp	lain)			
(11 disapproved exp	······/			
DATE				
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FILED BY I	JCENSEES DURING THE	MONTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16A)



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LICENSE NUMBI	2K: 049200017		CITYOR	IOWN	HANOVE	K
APPLICATION FO	OR RENEWAL	: Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAMI	E: BBRG OPE	ERATING, INC				
DOING BUSINES	S A JOE'S AM	IERICAN BAR & GRILL A	AND PAPAR	AZZI		
ADDRESS 2087 V	VASHINGTON	ST.				
CITY/TOWN: HA	ANOVER	STATE: MA	ZIP CO	DDE:	02339	
MANAGER: FA	IRBAIRN, SSELL A.	TYPE OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS			_
DESCRIPTION O	F LICENSED F	PREMISES:				
DINING/COCKTA DINING ABOVE.	AIL AREA. 1ST SEASONAL P	URANT. 1ST FLR DINING FFLR; BAR,LOUNGE AN PATIO DINING. BASEMEI IN FRONT OF RESTAUR.	D DINING A	AREAS	WITH MEZ	ZANINE
I hereby certify and	l swear under p	enalties of perjury that:				
1. the rene	wed license wil	ll be of the same type for the	e same premi	ses now	licensed;	
	-	ed with all laws of the Com		elating to	o taxes; and	
3. the prer	nises are now o	pen for business (If not exp	lain below)			
SIGNED BY	Individual,	Partner or Authorized Corp	orate Officer			
DATE:	TELE	EPHONE NUMBER:				ΓΙΟΝ NUMBER:
			(Note:	NOT Inc	lividual Social S	Security Number)
Acts of 2004, sign	ed by the build	we are in possession (1) the ding inspector and the heat icate of liquor liability inst	d of the fire	departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL By:	LICENS	SING AUTH	ORITY
	,					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	49200021		CITY OR TOWN	HANOVER	8	
APPLICATION FOR R	ENEWAL:	Annual	nnual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME: T	D BEVERAGE, IN	C.				
DOING BUSINESS A						
ADDRESS 228 COLUN	/IBIA RD					
CITY/TOWN: HANO	VER	STATE: MA	ZIP CODE:	02339		
MANAGER: WARRE	EN, JOHN H. TYPE	OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		•	
DESCRIPTION OF LIC	ENSED PREMISE	S:				
SINGLE STORY CEMI STORAGE DIRECTLY		G, APPROX 1516	SQ FT OF SALES A	AND STORA	GE.	
	nas complied with al are now open for bu		nonwealth relating to ain below)	o taxes; and		
	ndividual, Partner or	Authorized Corp	orate Officer			
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(11 disapprovou expluiii)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049	200022		CITY OR TO	JWN HANOVE	K
APPLICATION FOR RE	NEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: MA DOING BUSINESS A H		N			
ADDRESS 227 COLUMI	BIA RD				
CITY/TOWN: HANOVI	ER	STATE: MA	ZIP COI	DE: 02339	
MANAGER: PATEL, V	TIPUL TYPE O	F LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICE 2 STORY BLDG, SHING STOCKROOM, WALK I 2ND FLR; APARTMENT	LED WOOD, CEM N FREEZER,OFFIC	ENT FOUND	ATION,FULL I		
2. the licensee ha 3. the premises at SIGNED BY	ense will be of the sess complied with all less now open for busing ividual, Partner or A	aws of the Conness (If not ex	mmonwealth rela		
DATE:	TELEPHONE N	UMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LI By:	CENSING AUTH	IORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 049200024		CITY OR TOWN	HANOVER	₹		
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NAM	ME: MYCOST,INC.						
DOING BUSINI	ESS A MYETTE'S COU	UNTRY STORE					
ADDRESS 1143	BROADWAY						
CITY/TOWN:	HANOVER	STATE: MA	ZIP CODE:	02339			
	MYETTE, TRACY TY A.	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRE	ESS:						
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS		_		
DESCRIPTION	OF LICENSED PREMI	SES:					
	ND CELLAR. STORE (OR CHEST. CELLAR FO		ITH STORAGE RC	OM AND W	ALK IN		
	censee has complied with remises are now open for		=	taxes; and			
SIGNED BY	Individual, Partne	r or Authorized Corpo	rate Officer				
D.A.WE							
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)		
Please Check Below APPROVED:	<u>:</u>		LOCAL LICENS	ING AUTHO	ORITY		
DISAPPROVED.)·		By:				
(If disapproved e							
DATE:							
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	049200026		CITY OR TOW	N HANOVE	K
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 15 PLEAS	SANT STREET				
CITY/TOWN: HAN	OVER	STATE: MA	ZIP CODE:	02339	
MANAGER: REGO B.	, ANTONIO TY	PE OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
ONE STORY CEMENT DOORS ON PLEASA		G; ONE MAIN SHO	WROOM,ONE ST	ORAGE ROO!	M. 2
	es are now open fo	h all laws of the Com r business (If not exp or or Authorized Corp	lain below)	g to taxes; and	
DATE:	TELEPHON	NE NUMBER:		'ER IDENTIFICA' Individual Social S	
Please Check Below: APPROVED:			LOCAL LICE	NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explai	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049	200027		CITY OR TOWN	HANOVER	8
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: AS	SINIPPI LIQUORS I	NC			
DOING BUSINESS A					
ADDRESS 2103 WASHI	NGTON ST				
CITY/TOWN: HANOVI	ER S'	TATE: MA	ZIP CODE:	02339	
MANAGER: breagy, ric	hard j. TYPE OF	LICENSE: Paci	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		1
DESCRIPTION OF LICE	NSED PREMISES:				
2 1/2 STORY WOOD FR CELLAR FOR STORAGE				ΓORE AREA	λ,
2. the licensee has	ense will be of the sa s complied with all la e now open for busin	ws of the Comm	onwealth relating to		
	ividual, Partner or Au	thorized Corpor	rate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	DRITY
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	049200030		CITY OR TOW	IN HANOVEI	X
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	UNO RESTAURANTS	, LLC			
DOING BUSINESS A	UNO CHICAGO GRI	LL			
ADDRESS 1799 WAS	HINGTON ST				
CITY/TOWN: HANC	OVER	STATE: MA	ZIP CODE:	02339	
MANAGER: SCOTT	Γ, ARNOLD TYPE O	F LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES:				
	ear under penalties of p			11 1	
	l license will be of the s	• •	-		
	has complied with all l			ig to taxes; and	
3. the premises	s are now open for busi	ness (II not expla	in below)		
SIGNED BY					
	Individual, Partner or A	authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned.	attest that we are in p	ossession (1) the	certificate requ	uired by Chapt	er 304 of the
Acts of 2004, signed l	by the building inspect	tor and the head	of the fire depa	artment for the	above
named license and (2) of 2010.) the certificate of liqu	or liability insu	rance required	by Chapter 116	of the Acts
Please Check Below:			LOGALLIGE		ODIEN
APPROVED:			By:	ENSING AUTH	ORITY
DISAPPROVED:	7		By.		
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 049200032		CITY OR	TOWN I	HANOVER	(
APPLICATIO	N FOR RENEWAL:	Annual		LICENSE	ED FOR 20	013
		CLASS				YEAR
LICENSEE NA	AME: S. & J. HAN	OVER, INC.				
DOING BUSI	NESS A MAMMA	MIA OF HANOVER				
ADDRESS 33	3 COLUMBIA ROA	D				
CITY/TOWN:	HANOVER	STATE: MA	ZIP CO	DDE:	02339	
MANAGER:	VISCARIELLO, ANTONIO	TYPE OF LICENSE: Rest	aurant	CAT	EGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS			
	N OF LICENSED P					
TABLES)25'X LIQUOR STO	(20';2.)FOOD PREP PRAGE AREA 25'X1	PARATED INTO THREE R & LIQUOR STORAGE AR 6'. ONE CUSTOMER ENT GENCY EXIT IN REAR O	EA (25'X1) RANCE/EX	6' ;3) FOO XIT TO FF	D PREP &	
I hereby certify	y and swear under pe	nalties of perjury that:				
		be of the same type for the s	•			
	•	d with all laws of the Comm		elating to to	axes; and	
3. the	premises are now op	en for business (If not explain	in below)			
SIGNED BY	Individual, F	artner or Authorized Corpor	rate Officer			
DATE:	TELEI	PHONE NUMBER:				ION NUMBER:
			(Note:	NOT Indivi	dual Social So	ecurity Number)
Acts of 2004,	signed by the build	ve are in possession (1) the ing inspector and the head ate of liquor liability insur	of the fire	departme	ent for the	above
Please Check Belo	ow:		LOCAL	LICENSIN	IG AUTHO	ORITY
APPROVED:			By:			
DISAPPROVI						
(If disapproved	ı expiaiii)					
DATE:						



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LICENSE NUMBER: 049200033	'	CITY OR TOWN HANOVE	K
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: WONG ENT DOING BUSINESS A SIAM CUI			
ADDRESS 370 COLUMBIA ROA	.D		
CITY/TOWN: HANOVER	STATE: MA	ZIP CODE: 02339	
MANAGER: UDOMPRUK, PITTAYA	TYPE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	T OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
ONE STORY BLDG. APPROX. 4 MAXIMUM OF 99 SEATS.		AND REAR ENTRANCES.	
3. the premises are now op	ed with all laws of the Commen for business (If not explain a context of the Commen for business (If not explain a context of the Commen for business of the		
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
TELE	THORE NUMBER.	(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 049200034		CITY OR TOWN	N HANOVEI	X .
APPLICATION FOR	R RENEWAL	: Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 124 ROC	A TWIN'S C	ONVENIENCE STORE			
CITY/TOWN: HAN		STATE: MA	ZIP CODE:	02339	
MANAGER: LEE,		TYPE OF LICENSE:Pa		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF I	LICENSED P OOR IN SIN	T OUR WEBSITE AND ENTER YOUR PREMISES: GLE STORY BLDG., PAI DOORS FRONT, 1 REAR	RTITIONED LOCK	ED STORAG	E AREA
 the renewa the license 	ed license wil	enalties of perjury that: I be of the same type for the ded with all laws of the Compen for business (If not exp	nmonwealth relating		
SIGNED D1	Individual,	Partner or Authorized Corp	orate Officer		
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:		CITY OR TOWN HANOVER	
THE ELECTION OF THE TELET	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: LEMAGIA, I DOING BUSINESS A PACINI'S	NC.		
ADDRESS 2053 WASHINGTON	ST		
CITY/TOWN: HANOVER	STATE: MA	ZIP CODE: 02339	
MANAGER: PETRAKIS, ANTONIS	TYPE OF LICENSE: Resta	aurant CATEGORY: Wine and Malt Regu	
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PR			
KITCHEN AREA, COUNTER AN TABLES WITH CAPACITY OF 2		NG AREA ON FIRST FLOOR. 10 D EXITS	
SIGNED BY	en for business (If not explai		
	articl of Munorized Corpor		
DATE: TELEF		EMPLOYER IDENTIFICATION NUMBE	R:
DATE: TELEF	PHONE NUMBER:		
We the undersigned, attest that v Acts of 2004, signed by the buildi	PHONE NUMBER: we are in possession (1) the ng inspector and the head	EMPLOYER IDENTIFICATION NUMBE	er)
We the undersigned, attest that w Acts of 2004, signed by the buildi named license and (2) the certific	PHONE NUMBER: we are in possession (1) the ng inspector and the head	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number certificate required by Chapter 304 of the fire department for the above	er)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	49200039		CITY OR TO	WIN HANOVEI	X
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T DOING BUSINESS A ADDRESS 849 WASH	ROSIES LIQUO				
CITY/TOWN: HANO		STATE: MA	ZIP CODE	2: 02339	
MANAGER: Carldard				CATEGORY:	All Alcohol
EMAIL ADDRESS:	ASE ALSO VISIT OUR V CENSED PREMI FOR SALES AN PRISING ALL (WEBSITE AND ENTER YOUR F ISES: ID STORAGE, INCL GROUND (TOP) FLO	EMAIL ADDRESS UDING 3 STOR DOR OF CEMEN	AGE ROOMS A	AND
2. the licensee 3. the premises SIGNED BY	license will be or has complied wit are now open fo	f the same type for the h all laws of the Com r business (If not exp	monwealth relati lain below)		
Ι	ndividual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	1		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 049200040		CITY OR TO	OWN H	ANOVER	
APPLICATION FO	R RENEWAL:	Annual	L	ICENSEI	FOR 20	13
		CLASS			,	YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 971 WE	A LINDY'S GENERA	AL STORE				
CITY/TOWN: HA	NOVER	STATE: N	MA ZIP COI	DE: 0	2339	
MANAGER: HEAN.	TH, JEFFREY TYPE	E OF LICENSE	E:Package Store	CATI	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB		OUR EMAIL ADDRESS			
	LICENSED PREMISI					
	LDG WITH BASEME EXIT. RETAIL AREA					REAR
2. the licens	yed license will be of the see has complied with a sees are now open for be	all laws of the C	Commonwealth rel			
SIGNED BY	Individual, Partner of	or Authorized C	Corporate Officer			
DATE:	TELEPHONE	NUMBER:				ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LI	CENSIN	G AUTHO	DRITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200041	(CITY OR TOWN HANOVER	₹
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: VASILIKI PERDI	IKOURIS		
DOING BUSINESS A HANOVER HO	USE OF PIZZA		
ADDRESS 272 COLUMBIA ROAD			
CITY/TOWN: HANOVER	STATE: MA	ZIP CODE: 02339	
MANAGER: PERDIKOURIS, TY VASILIKI	PE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_
DESCRIPTION OF LICENSED PREMI			
FIRST FLOOR DINING ROOM AND I CLOSET FOR LIQUOR. EXTENSION LOCATED ON THE SOUTHWEST CO	OF PREMISE TO INC	LUDE A LONG STORAGE C	
I hereby certify and swear under penaltie	es of perjury that:		
1. the renewed license will be of	f the same type for the sa	ame premises now licensed;	
2. the licensee has complied with	h all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for	r business (If not explain	n below)	
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICAT	TON NUMBER:
		(Note: NOT Individual Social S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate o of 2010.	spector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0492	00042	CITY OR TOWN	HANOVER	
APPLICATION FOR REN	EWAL: Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: OUT	BACK STEAKHOUSE OF FLO	ORIDA,LLC		
DOING BUSINESS A OU	TBACK STEAKHOUSE			
ADDRESS 1775 WASHIN	GTON STREET			
CITY/TOWN: HANOVE	STATE: M	ZIP CODE:	02339	
MANAGER: COAKLEY	, BRIAN TYPE OF LICENSE:	Restaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE A DESCRIPTION OF LICEN	ALSO VISIT OUR WEBSITE AND ENTER YOU SED PREMISES:	JR EMAIL ADDRESS		
I hereby certify and swear u	nder penalties of perjury that:			
1. the renewed lice	nse will be of the same type for	the same premises now	licensed;	
2. the licensee has	complied with all laws of the Co	ommonwealth relating to	taxes; and	
3. the premises are	now open for business (If not ex	xplain below)		
SIGNED BY Indiv	ridual, Partner or Authorized Co	orporate Officer		
DATE:	TELEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Acts of 2004, signed by th	et that we are in possession (1) e building inspector and the h certificate of liquor liability in	ead of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED: [(If disapproved explain)				
(II disappioved expiain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 049200043		CITY (OR TOWN	HANOVE	₹
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	JANET I EAT	ON				
DOING BUSINESS	A GRAMPY'S	GENERAL STORE	AND COFFI	EE SHOP		
ADDRESS 148 KIN	IG STREET					
CITY/TOWN: HA	NOVER	STATE: N	1A ZII	P CODE:	02339	
MANAGER: EAT	ON, JANET I	TYPE OF LICENSE	:Package St	ore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		UR WEBSITE AND ENTER YO	OUR EMAIL ADDR	RESS		
DESCRIPTION OF			W W OOD 0			
2 STORY WOOD F STORE, DELI, ANI		TURE 4321 SQFT IS PARLOR. 2 ENTRAI				
EXIT IN REAR. BA						
I hereby certify and	swear under pena	alties of perjury that:				
		e of the same type for	•			
	_	with all laws of the C		_	to taxes; and	
3. the premi	ses are now oper	n for business (If not	explain belov	w)		
SIGNED BY	Individual, Par	rtner or Authorized C	orporate Off	icer		
	,		- P			
DATE:	TEI EDI	HONE NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TEELT	TOTAL TACIVIDER.	(1)	Note: NOT In	dividual Social S	ecurity Number)
Please Check Below: APPROVED:				AL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain	ain)					
DATE:						



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LICENSE NUMBER: 049200	0048	CITY OR TOWN	HANOVER
APPLICATION FOR RENE	WAL: Annua	LICEN	ISED FOR 2013
	CLASS	S	YEAR
LICENSEE NAME: TSAN	G'S VILLAGE,INC.		
DOING BUSINESS A TSA	NG'S VILLAGE CAFÉ		
ADDRESS 644 WASHINGT	ON STREET		
CITY/TOWN: HANOVER	STATE:	MA ZIP CODE:	02339
MANAGER: CHEN, KEN. Y.	NETH TYPE OF LICENS	E:Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
ONE FLOOR BLDG., MAIN THREE EXITS BESIDE BA		IG ROOM AND KITCH	EN EXIT AND
I hereby certify and swear un-	der penalties of perjury that:		
1. the renewed licens	se will be of the same type for	or the same premises now	licensed;
2. the licensee has co	omplied with all laws of the	Commonwealth relating t	to taxes; and
3. the premises are n	ow open for business (If not	explain below)	
SIGNED BY			
Indivi	dual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: NOT Inc	dividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the c of 2010.	building inspector and the	head of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 049200049		CITY OR TOWN HANOVE	R
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: FIRST BOSTO	N TENPIN,INC		
DOING BUSINESS A BOSTON BO	WL		
ADDRESS 58 ROCKLAND STREET	Γ		
CITY/TOWN: HANOVER	STATE: MA	ZIP CODE: 02339	
MANAGER: STRAZZULA PHILIP A. III	TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
DESCRIPTION OF LICENSED PRE			
24 LANE BOWLING CENTER W/R WILL BE AT RESTAURANT CENT			
I hereby certify and swear under penal	Ities of perjury that:		
1. the renewed license will be	e of the same type for the	same premises now licensed;	
	· -	nonwealth relating to taxes; and	
3. the premises are now open		•	
SIGNED BY			
Individual, Par	tner or Authorized Corpo	rate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappiovod expiaiii)			<u>—</u>
DATE:			



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LICENSE NUMBER:	049200050		C	ITY OR TOW	N HANOVE	R
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FOR 2	.013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A			ER			
ADDRESS 871 WASI	HINGTON STREET					
CITY/TOWN: HANG	OVER	STATE:	MA	ZIP CODE:	02339	
MANAGER: QUAN	I, ERIC Y. G. TYPE	OF LICEN	SE: Restau	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBS		YOUR EMAII	L ADDRESS		_
SINGLE BUILDING: ENTRANCES/EXITS BUILDING	FIRST FLOOR 13,0	00 SQ. FT, 2				
2. the licensee 3. the premise SIGNED BY	d license will be of the e has complied with a es are now open for bu	ll laws of the usiness (If no	e Common	nwealth relating		
	Individual, Partner of	r Authorized	Corporat	e Officer		
DATE:	TELEPHONE	NUMBER:			YER IDENTIFICA Individual Social	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and th	e head of	f the fire depa	rtment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] 1)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:		TY OR TOWN HANOVE	X
ALL LICATION LON NEIVE WAL.	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: ROCCO'S ON BROA	ADWAY, INC		
DOING BUSINESS A ROCCO'S ITALIA	N PIZZERIA		
ADDRESS 1143 BROADWAY			
CITY/TOWN: HANOVER	STATE: MA	ZIP CODE: 02339	
MANAGER: AMATO, VINCENT TYPE	E OF LICENSE: Restaur	cant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL	ADDRESS	_
DESCRIPTION OF LICENSED PREMISE	ES:		
14 SEAT DINING AREA, RESTROOM, S SHELVING FOR STORAGE. SIX PILOT EXIT LOCATED IN FRONT OF BLDG A	STOVE WITH OVEN		AND
I hereby certify and swear under penalties o	of perjury that:		
1. the renewed license will be of the	e same type for the sam	ne premises now licensed;	
2. the licensee has complied with a		-	
3. the premises are now open for bu	usiness (If not explain b	pelow)	
SIGNED BY Individual, Partner o	r Authorized Corporate	Officer	
	r Authorized Corporate	Officer	
	r Authorized Corporate	Officer	
		Officer EMPLOYER IDENTIFICAT	ΠΟΝ NUMBER:
Individual, Partner o			
Individual, Partner o	NUMBER: n possession (1) the celector and the head of	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S rtificate required by Chapt the fire department for the	see 304 of the above
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li	NUMBER: n possession (1) the ce ector and the head of iquor liability insuran	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S rtificate required by Chapt the fire department for the	eer 304 of the above 5 of the Acts
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	NUMBER: n possession (1) the celector and the head of iquor liability insuran	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S rtificate required by Chapt the fire department for the ce required by Chapter 116	eer 304 of the above 5 of the Acts
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	NUMBER: n possession (1) the celector and the head of iquor liability insuran	EMPLOYER IDENTIFICATE (Note: NOT Individual Social	eer 304 of the above 5 of the Acts
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	NUMBER: n possession (1) the celector and the head of iquor liability insuran	EMPLOYER IDENTIFICATE (Note: NOT Individual Social	eer 304 of the above 5 of the Acts
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	NUMBER: n possession (1) the celector and the head of iquor liability insuran	EMPLOYER IDENTIFICATE (Note: NOT Individual Social	eer 304 of the above 5 of the Acts